



7190

Request for Testing Accommodations

Learning and Other Cognitive Disabilities

To be completed by Examiner.

Candidate's Last 4 SSN/SIN

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: _____ First Name: _____
 Social Security or Social Insurance Number: _____ Birth Date: ____/____/____ Age: ____
MM DD YYYY
 Address: _____
 City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____
 Phone Number: (____) ____ - _____

Release of information: If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature_____
Parent or Guardian's Signature (if appropriate)_____
Date

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: _____ 10-Digit Center ID: _____
 Center Name: _____
 Phone Number: (____) ____ - _____ FAX Number: (____) ____ - _____
 E-mail: _____

I have reviewed this application and find it complete.

GED Chief Examiner's Signature_____
Date

Section 3: To be completed by Professional Diagnostician or Advocate

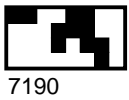
This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician's report if the professional is unavailable to do so, or documentation currently on file with a candidate's school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional's report must indicate certification or licensure. Documentation and assessment tests are current if completed within the last 5 years.

Please indicate your role: ☐ Professional Diagnostician ☐ Advocate

Name of Professional Making Diagnosis (please print): _____
 Phone Number: (____) ____ - _____ Date of Assessment: ____/____/____
MM DD YYYY
 Highest Degree and Area of Specialization: _____
 License Number: _____ Expiration: ____/____/____ State/Province/Territory: _____
MM DD YYYY
 Name of Advocate (please print): _____
 Relationship to Candidate (please print): _____
 Phone Number: (____) ____ - _____

Signature of Professional Making Diagnosis or Advocate: _____

Date: ____/____/____
MM DD YYYY



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Section 3A: Measurement of Academic Achievement (Standard Scores)

To be completed by the professional diagnostician or person helping you complete this form.

Date(s) of Assessment(s): ____ / ____ / ____
MM DD YYYY

Test Used (select one):

☐ WJ-R ☐ WJ-III, Ach. ☐ WIAT-I ☐ WIAT-II

Current Achievement (Include Standard Scores):

Broad Reading: ____

Broad Math: ____

Word Identification: ____

Calculation: ____

Comprehension: ____

Applied Problems: ____

Broad Written Language: ____

Broad Knowledge: ____

Dictation: ____

Skills: ____

Writing Sample: ____

Other: ____

Other Primary Tests Accepted (if Woodcock Johnson or Weschler not used):

☐ PIAT-R/NU ☐ PIAT-R ☐ K-TEA ☐ K-TEA/NU ☐ WRMT-R/NU ☐ Key Math - R/NU

Current Achievement (Include Standard Scores):

Subtest Name: ____

Subtest Score: ____

Standard Score: ____

Subtest Name: ____

Subtest Score: ____

Standard Score: ____

Subtest Name: ____

Subtest Score: ____

Standard Score: ____

Subtest Name: ____

Subtest Score: ____

Standard Score: ____

Section 3B: To be completed by Psychological Diagnostician or Advocate

This section must be completed by the psychological diagnostician. Alternatively, an advocate may complete this section using information from the psychological diagnostician's report if the psychologist is unavailable to do so, or documentation currently on file with a candidate's school district. An advocate is someone other than the psychological diagnostician who has documentation of a candidate's disability, and who helps the candidate request testing accommodations. The psychologist's report must indicate certification or licensure. Documentation and assessment tests are current if completed within the last 5 years.

This section must be completed by the psychological diagnostician or advocate if the professional is different than the professional listed in section 3.

☐ Check here if you are also the professional diagnostician listed in Section 3

Please indicate your role: ☐ Psychological Diagnostician ☐ Advocate

Name of Psychologist (please print): _____

Phone Number: (____) ____ - ____ FAX Number: (____) ____ - ____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration: ____ / ____ / ____ State/Province/Territory: _____
MM DD YYYY

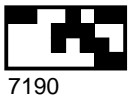
Name of Advocate (please print): _____

Relationship to Candidate (please print): _____

Phone Number: (____) ____ - ____

Signature of Psychologist Making Diagnosis or Advocate: _____

Date: ____ / ____ / ____
MM DD YYYY



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Section 3C: Measurement of Potential or Intelligence (Test Scores)

To be completed by the professional diagnostician or person helping you complete this form.

Date(s) of Assessment(s): ____ / ____ / ____
MM DD YYYY

Test Used:

☐ WISC-III ☐ WAIS-R ☐ WAIS-III

Verbal IQ: _____ Performance IQ: _____ Full Scale IQ: _____

WAIS-III Index Scores (if applicable):

Working Memory (WMI): _____ Processing Speed: _____

Perceptual Organization (POI): _____ Verbal Comprehension (VCI): _____

Subtest Scaled (i.e., Standard) Scores (mean of 10 with range of 1-19):

Information: _____	Similarities: _____	Object Assembly: _____
Digit Span: _____	Letter-Number _____	Digit Symbol: _____
Vocabulary: _____	Sequencing: _____	Coding (WISC-III): _____
Arithmetic: _____	Picture Completion: _____	Matrix _____
Comprehension: _____	Picture Arrangement: _____	Reasoning (WISC-III): _____
	Block Design: _____	Symbol Search: _____

Test Used:

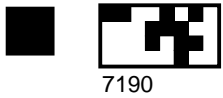
☐ SB- IV ☐ SB-V

Subtest	Standard Score	Estimated Age Score
Verbal Reasoning:	_____	_____
Abstract/Visual Reasoning:	_____	_____
Quantitative Reasoning:	_____	_____
Short-Term Memory:	_____	_____
Test Composite:	_____	_____

Test Used:

☐ WJ-III, Cog

Subtest	Percentile Rank (Age)	Standard Score (Age)
Verbal Comprehension:	_____	_____
Visual-Auditory Learning:	_____	_____
Numbers Reversed:	_____	_____
Visual Matching:	_____	_____
Sound Blending:	_____	_____
Spatial Relations:	_____	_____
Concept Formation:	_____	_____



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Section 3D: Diagnosed Disability

The professional diagnostician or advocate must select all appropriate diagnosed disabilities.

Specific Learning Disabilities (check all that apply)

- ☐ Reading Disability (identify: _____)
- ☐ Mathematics Disability (identify: _____)
- ☐ Written Language Disability (identify: _____)
- ☐ Other cognitive disabilities (list all that apply):

Functional Limitations: _____

Recommended Accommodations: _____

Rationale for Accommodations: _____

DSM-IV Code(s): _____

Section 3E: Requested Accommodations

Please select those accommodations that you believe you need because of your disability.

- ☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: _____
- ☐ Audiocassette (tone indexed) (will require extended testing time, generally double time)
☐ 2 times ☐ Other: _____

The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test, Audiocassette Version.

- ☐ Scribe
- ☐ Calculator for Part II
- ☐ Talking Calculator for Entire Mathematics Test
- ☐ Private Room

- ☐ Supervised Breaks (specify in minutes):

Uninterrupted testing time: _____ minutes, break time: _____ minutes.

- ☐ Other: _____

Section 3F: Other Information and Supporting Documents

This section may be completed by the candidate or by his or her certifying professional or advocate. Provide any additional information you wish to be considered when this request for accommodations is reviewed.

General Educational Development (GED) Testing Service will not discriminate against candidates for testing on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, sex, sexual orientation, pregnancy, marital status, physical or mental disability, age, veteran status, and national origin.



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Section 4: To be completed by GED Administrator

This section should be completed by the GED Administrator after reviewing the request for accommodations to document the outcome of the review.

☐ Approved For:

☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: _____

☐ Audiocassette (tone indexed) (will require extended testing time, generally double time)

☐ 2 times ☐ Other: _____

The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test-Audiocassette Version.

☐ Braille

☐ Scribe

☐ Calculator for Part II

☐ Talking Calculator for Entire Mathematics Test

☐ Private Room

☐ Supervised Breaks (specify in minutes):

Uninterrupted testing time: _____ minutes, break time: _____ minutes.

☐ Other: _____

☐ Returned for more information.

Date Returned: ____ / ____ / ____
MM DD YYYY

Reasons for returning request:

☐ Request forwarded to GEDTS for review (explain reasons below.)

Date Forwarded: ____ / ____ / ____
MM DD YYYY

Reasons for forwarding request to GEDTS for review:

Signature of GED Administrator

Telephone Number

Date